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*Please return to J. B. Hooker*

*Justina*

JUSTINA'S LETTERS

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IN REPLY TO

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MISS GARRETT'S DEFENCE

OF

THE CONTAGIOUS DISEASES ACTS.

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## Advertisement.

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*THE following pages consist of two Letters which appeared in THE PALL MALL GAZETTE, March 3rd and March 18th respectively, and of additional matter which it was impossible to include in the Letters without making them too long for insertion in a daily newspaper. The second letter when published in THE PALL MALL GAZETTE, contained a statement (copied from the army Medical Report of 1863) respecting the average number of soldiers in the United Kingdom rendered constantly non-effective by venereal diseases: this statement, though official, having been proved to be erroneous is now, of course, excluded from that letter. The two Letters were originally written as one, which was cut into two simply in order to suit editorial convenience; they are therefore now republished as they were written, the two parts being merely indicated by numerals. It is well known that, as a rule, a fallacy can be stated in fewer words than are necessary for its confutation: this truth will it is hoped be accepted as the Author's apology for the length to which her reply has extended.*

APRIL 14th, 1870.

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A R E P L Y  
TO  
MISS GARRETT'S DEFENCE  
OF  
THE CONTAGIOUS DISEASES ACTS.

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I.

TO THE EDITOR OF "THE PALL MALL GAZETTE."

SIR,

You have done great service in facilitating discussion of the Contagious Diseases Acts by publishing Miss Garrett's letter on the subject; and each day I have anxiously looked through your columns in the hope of finding that some person more competent than myself would have undertaken to answer it. But as no one has yet done so I now venture to ask you to publish the following observations.

Miss Garrett opens her letter by saying "the proposal to extend gradually to the civil population the principle embodied in the Contagious Diseases Act of 1866 can no longer be regarded as a matter for professional discussion;" but in her third paragraph she says the question,—“Is legislation necessary? is strictly a professional question, upon which the opinion of trustworthy medical witnesses ought to be accepted as final.” As each of these statements is contradicted by the other, your readers can put their faith in the one they think most trustworthy. I adopt the first. I have a strong belief in the healthy influence of public discussion: it is a wonderful protection against all sorts of moral and political evils, however contagious, and may, I hope, even protect us from the Contagious Diseases Acts themselves. I have not the advantage of being a ‘duly qualified’ member of the medical profession, nevertheless I refuse to accept as “final” the opinion

of any man or woman, professional or non-professional, and however authoritative, on a subject not yet removed from the domain of the questionable into the region of established truths; and I may add that Miss Garrett's own letter affords a striking illustration of the danger of accepting a professional opinion without examination. She says "it may fairly be asserted that the verdict of an immense majority of the profession has declared legislation to be necessary;" but, Sir, I venture to affirm that this statement is the expression of a mere conjecture which Miss Garrett is pleased to indulge in, for it is both unsupported and unsupportable by any evidence adduced either by herself or by any other advocates of the Contagious Diseases Acts.

In the United Kingdom there are upwards of 17,000 medical men, and of these, according to the last published report of the association for promoting the extension of the Contagious Diseases Acts, only a few hundreds have given their names as supporters of those Acts.\* I appeal to your readers to decide whether, because Miss Garrett finds that five or even six hundred medical men have signified their approval of the Contagious Diseases Acts, she is justified in making what I venture to call the reckless statement that "the verdict of an immense majority of the profession has declared legislation necessary." As a matter of fact, the majority are so incessantly occupied with the pressing and anxious duties of professional practice that unless a subject like the one in question is forced upon their attention, they shrink from the labour qualifying themselves to form any opinion concerning it. The evidence of Mr. Paget, Sir William Jenner, and Mr. Prescott Hewitt, given before the Committee of the House of Lords, and relied upon by Miss Garrett, affords no indication that those gentlemen have acquainted themselves with the effects of legislative control of prostitution where that system has been tried; and if they have not their opinion as to the expediency of such control is of very little value. Mr. Paget distinctly stated to the committee that he had "no personal knowledge of the system on the Continent." Sir William Jenner advised the extension of the Contagious Diseases Acts, but he did so while

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\* The report gives a list of the members of the association, and the total number is below 800; but of these many are clergymen or laymen so that the medical members of the association do not amount to 500.

confessedly ignorant of its effects where already applied: when asked—"Do you know anything at all of the operation of the present act referring to this disease?" he replied, "only generally." And though when Mr. Prescott Hewitt was asked by the committee,—“Can you say whether it [the disease in question] is an evil existing to such a degree as to require, if possible, a legislative remedy?” he also admitted his ignorance of the effects of the system of legal control practised in Paris. When this question was put to him,—“You cannot, then, give us any information as to the effect of those regulations?” he answered,—“No, I hardly could.” Now, in the name of common sense, I ask of what value is the opinion of even these eminent men, on a subject of which they are ignorant to the extent revealed by their own confessions.

If, on the other hand, we ask counsel of men who have really studied the subject, and whose opinion ought, for various reasons, to be most weighty and authoritative, we learn that their verdict is precisely opposite to that of the three distinguished witnesses just quoted. Mr. John Simon, Surgeon to St. Thomas's Hospital, and chief of the medical department of the Privy Council, has earnestly considered the question, as in his official position it behoved him to do, and he has become so strongly convinced of the inexpediency of extending the Contagious Diseases Acts that in his last Annual Report he has, in the course of ten pages devoted to the subject, advanced an earnest plea, supported by various cogent arguments, for the non-extension of those Acts, and has expressed his conclusion as follows:—“The broad result in my mind is that I very decidedly refrain from recommending any change in that neutral position which English law has hitherto held in regard of the venereal diseases of the civil population.” Again, Dr. Balfour, F.R.S., Deputy Inspector of Military Hospitals, and head of the Statistical branch of the Medical Board, who has had, as he told the Committee of the House of Commons “opportunities of seeing the returns made from different stations,” and who has “been called upon at different periods to prepare statements showing what the operation of the Act has been,” protested against the principle of the Contagious Diseases Acts before the first of them became law, and in July, 1869, declared that he had no reason to alter his opinions “in the main.” Men in office generally seek, I



believe, to increase the area of their official authority and influence. If so, the convictions of the two eminent medical officers just named must have been very strong indeed to force them to speak as they have done against the Acts in question ; and my faith in the force of truth, and in the loyalty to it of the great body of the medical profession, leads me to believe that when its members have the subject fairly put before them the considerations which constrain Mr. Simon and Dr. Balfour, who have really studied the subject, to disapprove of those Acts will in like manner constrain the great majority of medical men to disapprove them also. I learn from a statement recently made at the London Medical Society that out of the 59 medical men of Nottingham—the only provincial town in which, so far as I am aware, medical opinion on this subject has been thoroughly agitated—56 have signed a protest against the Contagious Diseases Acts. At “a very influential meeting, since convened at Newcastle, to oppose the extension and promote the repeal of those Acts,” the majority of the speakers were medical men ; and, still more recently, “the great majority of the speakers,” at a meeting of upwards of 60 members of the Medical Society of Liverpool, convened to discuss those Acts, opposed their extension. I also learn, from the *Medical Mirror* for February, that Mr. Holmes Coote, Surgeon to St. Bartholomew's Hospital, Mr. R. W. Dunn, Surgeon to the Farringdon Dispensary, and Dr. C. Drysdale, Physician to the same Dispensary and to other charitable institutions—gentlemen whose names are in the list of promoters of those Acts—have withdrawn from the association, and disavowed both its principles and objects. The same journal states that Dr. Chapman's name was inserted in that list without his knowledge or consent, and that he never was a member of that association ; and I have reason to believe that even the number of medical men who consented to allow their names to appear in that list will steadily lessen. At a crowded meeting of the Medical Society of London on the 31st of January, convened to discuss the Contagious Diseases Acts, the feeling of the majority of the members appeared to be strongly against them, and of the eleven who spoke, six were certainly opposed to them, and one was neutral. There are five Medical papers published in London, of these, three have distinctly pronounced against those Acts, one is “*halting between two opinions*,” and only one represents

the opinion which Miss Garrett advocates. Those most intimately acquainted with both the medical and lay press assure me that as a rule journals rather reflect than guide the opinions of their subscribers. If so, the fact that three journals out of five unhesitatingly condemn the Contagious Diseases Acts, while but one ventures to support them, is surely strongly significant that the verdict of the great majority of Medical Men in this country is very far from being in their favour; and therefore, he who, without examining for himself, accepts as final any medical opinion on the question at issue, whether that opinion be given by Sir William Jenner on the one side, or by Mr. Simon on the other, can have no reasonable assurance that he has yielded up his judgement to trustworthy guidance.

Miss Garrett says that one of the objections raised against the Act is "that legislation is unnecessary, the disease being much less prevalent and less serious than the advocates of the measure declare it to be." I for one certainly object to the Acts, but not for the reason here alleged. I know that Mr. Simon and other medical men who have given attention to the subject, do believe that the amount and baneful effects of venereal disease in this country have been exaggerated by the promoters of the Contagious Diseases Acts. Possibly they have. It would be extremely difficult, however, to prove that they have. Deeply interested in the subject I have read extensively concerning it, and my deliberate opinion is that at all events the amount of this disease is dreadfully great, and that its injurious influence in undermining the health and strength of the English nation is so generally prevalent, and so constantly operative, that it is a national duty to deliberate solemnly concerning it, and to adopt such measures as are most likely to prevent its diffusion. On this part of the subject the report of the Harveian Society, published by the Association for Promoting the Extension of the Contagious Diseases Acts, together with the article on "Prostitution in relation to the National Health," published in the *Westminster Review* for last July, fairly represents my own belief, and therefore I feel quite as earnestly as Miss Garrett appears to do, that the nation ought to devise and apply some remedy for the terrible evil in question. Miss Garrett's remedy is the extension of the Contagious Diseases Acts. She quotes from the evidence of several medical men, given before the Committee of the

House of Lords, statements to the effect that "Contagious Diseases" are very widely diffused, and that they do an immense amount of injury; she also quotes hospital statistics to the same effect, and informs your readers that at St. Mary's Dispensary, in which I understand she is the sole "Medical Official," two thirds of the whole number of patients treated for these diseases are suffering from no fault of their own. Having filled quite half a column with this evidence, Miss Garrett seems to think that her readers will immediately conclude that legislation is necessary; but I fail to see in the existence of a great amount of disease, however baneful its effects, a proof that legislation is necessary for its repression. It may be so, but certainly Miss Garrett has adduced no proof and no semblance of a proof even, that it is so. I can only suppose, therefore, that the proposition that legislation is necessary for the repression of venereal disease is in Miss Garrett's opinion so self evident that it needs no proof, and may be safely left, as she has left it, to maintain its axiomatic independence by its own inherent force. Accordingly I beg to suggest that if because venereal disease is at once widely spread and extremely destructive to health, legislative interference is necessary to stop it, then *à fortiori*, Bronchitis and Pulmonary Consumption are diseases for the repression of which Parliament ought at once to adopt the most vigorous measures. But though the reports of the Registrar-General inform us that in this country Bronchitis destroys every year about 40,000, and Pulmonary Consumption between 50,000 and 60,000 persons, I have never heard that any one has seriously proposed that Parliament should provide for the compulsory treatment of either of these diseases.

Miss Garrett appeals to actual experience of the beneficent effects of the Act, and I must say she has shown great skill in weaving the few scattered threads of advantage into a substantial looking piece of stuff, with which she has succeeded in hiding from the eyes of a large number of your readers how really naked of good results the Act is. After admitting that "statistics, showing the amount of disease before and after the Act came into effect, are not so conclusive as the friends of the Act could desire," she says that "a decided diminution [of disease] is observed in all but one case, where the failure of the Act was due to special causes." Again, however, she is compelled to make the damaging admission,—

“but the diminution is less than that which a hasty observer might have expected;” and then, conscious that “statistics, showing the amount of disease before and after the Act came into effect,” strengthen her case very slightly, if at all, she calls witnesses to character:—“officers in charge of the Stations before and after the Act came into effect assert emphatically,” she informs you, “that the Act has done great good in every one of the protected places.” As Miss Garrett has not furnished your readers with any example of what she calls a “a decided diminution” of disease, your readers are precluded from forming a precise idea of what in her opinion the words “a decided diminution” really mean. I will therefore endeavour to help them to form a definite conception of the facts which she denotes by that phrase. The first Contagious Diseases Act, making the medical examination of women compulsory, came into force in 1866; consequently I ask your readers’ attention to the number of admissions to hospital on account of those diseases during 1865, and during each year afterwards:—

*Table showing the ratio of Admissions of Soldiers into Hospital per 1,000 of mean strength for Venereal Diseases at the Stations named for the Four Years, 1865-68.*

STATIONS.	1865.	1866.	1867.	1868.	Date when commenced.
Devonport & Plymouth	360	317	312	280	10th October, 1866.
Portsmouth - - -	329	359	378	348	8th October, 1866.
Chatham & Sheerness	292	326	277	275	6th November, 1866.
Woolwich - - -	204	219	255	191	6th November, 1866.
Aldershot - - -	302	233	261	237	12th April, 1867.

It thus appears that while at Devonport and Plymouth the amount of venereal disease in 1867 was very slightly less, viz. 5 per 1,000, than it was in 1866, and while at Chatham and Sheerness the ratio of admissions to hospital in 1867 was 49 per 1,000 of the strength lower than in the preceding year, there was during 1867 a positive increase of disease at the other three stations mentioned. If the numerical results at the five stations be added together and an average struck, it will be seen that on the whole the average ratio per 1,000 of admissions into hospital on account of venereal diseases in

1867 was  $296\frac{2}{3}$ , whereas in 1866 the average ratio per 1,000 of admission to hospital at the same stations was only  $290\frac{1}{2}$ . A comparison of 1868 with 1867 shows, however, that in 1868 there has been a slight decrease of disease at all the stations named in the table. But though at all the stations the number of admissions in 1868 was less than that of the admissions in 1867, it will be observed that in 1865, before the Act existed, the ratio of admissions per 1000 at Portsmouth was 19 less than it was in 1868, after the Act had been in force there more than two years. And, again, the ratio of admissions per 1000 at Aldershot was four less in 1866, before the Act was applied there, than it was at the end of 1868, when the Act had been applied during 20 months. The *average* ratio per 1,000 of admissions to hospital at all the stations was, however, reduced to  $266\frac{1}{3}$ , or  $24\frac{2}{3}$  per 1000 less than in 1866, and 28 per 1,000 less than the average ratio per 1,000 of admissions during the two years of 1865-6 before the Act was in force. In other words, about one-eleventh part of the total amount of venereal disease previously existing seems to have been subdued by the operation of the Contagious Diseases Act. I say *seems* to have been subdued; for the fact is, venereal diseases were actually lessening at the stations in question before that Act came into force. The average ratio per 1,000 of admissions into hospital during each year, from 1860 to 1865 inclusive, are as follows:—

<i>Average Ratio per 1,000 of Admissions to Hospital.</i>						
YEARS	1860.	1861.	1862.	1863.	1864.	1865.
RATIO	$421\frac{1}{3}$	$408\frac{2}{3}$	$361\frac{2}{3}$	$363\frac{2}{3}$	296	$297\frac{2}{3}$

It will be observed that in 1862 the ratio per 1,000 of admissions to hospital was  $37\frac{1}{3}$  less than it was in 1861, and that this diminution is 13 per 1,000 greater than was the diminution in 1868, under the operation of the Contagious Diseases Acts, as compared with the ratio per 1,000 of admissions in 1866—the year before the Act came into force. It is thus evident that the statistics relied upon by Miss Garrett and the other advocates of the Contagious Diseases Act are worthless as an argument in its favour, and that had the diminution in 1868 been even greater than it is, experience would

justify the ascription of it to causes quite independent of the operation of that Act. In presence of this authoritative information, Miss Garrett's appeal to the vague assertions, however emphatic, of "officers in charge of the Stations," in confirmation of her statements may be summarily dismissed.

But her explanation of the fact that the "diminution [of disease] is less than that which a hasty observer might have expected," needs a few words of comment. That explanation, she says, "is found in the conditions under which the experiment has been made, conditions which rendered it impossible fairly to apply the statistical test. The fact that the protected districts, those in which the Act was enforced, were easily accessible to the inhabitants of neighbouring towns, and were constantly receiving regiments from unprotected stations is sufficient to indicate the mode in which the statistical result would be affected without any real failure of the Act itself. Success has everywhere been in proportion to the size of the area over which the Act could be brought into operation, and to the consequent isolation of the protected district." In short, according to Miss Garrett, the system is perfect, and if the conditions under which it has been applied had been satisfactory also, the result of its application would have satisfied the expectation of even "a hasty observer." But the conditions which Miss Garrett points out as the causes of failure are all but universal: of what value then is a system which can only work efficiently in their absence? The assertion that the constant and inevitable operation of these conditions would be sure to nullify the beneficial effects of the Contagious Diseases Acts has been from the first the strongest argument which their opponents have brought against them. The main purpose of Dr. Chapman's elaborate and instructive essay,—*"Prostitution: Governmental Experiments in controlling it,"* appears to be to show that in every Continental city where a compulsory system of sanitary supervision of prostitutes has been resorted to, those very conditions to which Miss Garrett ascribes the failure of the Contagious Diseases Act, 1866, while invariably preventing that system from accomplishing the object intended, have always caused it to work far more evil than good. Such being the fact—a fact established by induction from numerous and prolonged experiments—I must say that this part of Miss Garrett's defence of the Contagious Diseases Acts,

which consists in showing how the "statistical result" is "affected" by those conditions, "without any real failure of the Act itself" seems to me simply childish. What wise legislator would ignore the conditions under which his laws can alone be applied? "Success," she says, "has everywhere been in proportion to the size of the area over which the Act could be brought into operation." I am obliged to deny this statement, and beg to ask Miss Garrett where she means by "everywhere"? She admits that in places in England "less fortunately situated" than Sheerness, "statistics of the results of the Act are probably almost worthless as a test of the value of preventive legislation"; and as Sheerness is a small place, I am forced to conclude that the "success" which she says "has everywhere been in proportion to the size of the area over which the Act could be brought into operation," has really been nowhere at all, except in Miss Garrett's imagination. Moreover, the principle which she propounds in the passage just quoted receives no support from Continental experience; for all the areas within which prostitutes are under sanitary control on the Continent being *municipal* areas, are of course, comparatively speaking, by no means large; in the largest of them, however, that of Paris, not success, but failure, is, if possible, the most signal. Only within the British dominions can those large areas desiderated by Miss Garrett be found subject to a Contagious Diseases Act; the honour or disgrace of enforcing by *national* legislation that systematic degradation and outrage of my sex authorized by such Acts distinguishes England alone. And *by orders from England* the Legislative Council at Calcutta has established a Contagious Diseases Act throughout the vast Presidency of Bengal. Surely that area is large enough to test Miss Garrett's vaunted principle. And what is the result of the experiment? In a subsequent paragraph of this Letter, that result will be seen to be nothing less than failure in every respect as complete as that observable within the municipal areas of the Continent, or within the protected districts of England.

The fact is, Miss Garrett is suffering from slight mental confusion, which has caused her to regard largeness of area and isolation of area as synonymous. She evidently thinks, for example, that if the Contagious Diseases Acts were extended over the United Kingdom, it would then be so effec-

tually isolated from non-"protected" countries as to secure the absence of "those conditions" which, as she says, have "rendered it impossible fairly to apply the statistical test," and which, as I affirm, have always nullified the operation not only of the Contagious Diseases Act, 1866, but of every compulsory system like to it. She seems unable to see that the isolation of a country, and the isolation of a large class of human beings from the rest of the community in that country are widely different things, and that while the one, though difficult, may be practicable, the other is impossible. Suppose that London were the only town in England, and that a Contagious Diseases Act were extended over it, the administrators of the Act would find it as impossible to subject all London prostitutes to its operation as it is to subject all Paris prostitutes to the system of sanitary surveillance which is practised there. Only in small communities, of not more than a few thousands, is it possible to apply a Contagious Diseases Act with any chance of success; for the indispensable condition of success is personal knowledge by the police of every woman in the place to which the Act is applied, and a sufficient number of policemen to carry out its despotic provisions. But as in all civilized countries the chief centres of population are large, and as it is precisely in those centres that, while measures for the diminution of venereal disease are most urgently needed, the conditions sure to neutralize the effects of any compulsory system of sanitary supervision are most prevalent, the successful application to a large community of any such system, if ever so desirable, is absolutely impossible. It is worthy of remark here, that because Sheerness was the only station which exhibited a considerable fall in the number of admissions during 1867, this fall is held up by Miss Garrett as a proof of the success of the Act when operating under suitable conditions, a success "obtained," she says, "from the accidental isolation of the station." But, in 1868, when there was a fall in the number of admissions to hospital in all the protected districts, it was precisely at Sheerness where the diminution of admissions to hospital was least: at that station the number of admissions in 1868 was only two less than in 1867. In ascribing the exceptional fall in the number of admissions during 1867 at Sheerness to "the accidental isolation of the station," Miss Garrett has, I fear, proved



herself to be the "hasty observer" whom she mentions in her letter.

Miss Garrett says,—“At Malta, Sir Henry Storks, being able to command these conditions [of isolation of the protected district], succeeded in completely stamping out the disease.” I am sorry to be obliged to say this statement is false. In the first place, Sir Henry Storks was *not* “able to command these conditions,” even at Malta. That he could not do so, is proved by the following statement, made by himself:—“On the 12th April the 84th regiment disembarked at Malta, and on that day the cases under treatment in the hospital, including the whole garrison of the fortress, amounting to 6,192 men, were five. The 84th regiment reported 19 cases on arrival, and a week after their disembarkation there were 38 cases in the regimental hospital, the increase arising from undetected cases during the voyage. The 29th regiment disembarked on the 1st of July, and reported 16 cases of venereal. The day previous there were only 23 men under treatment for this disease in the garrison, and the majority of those cases were in the 84th regiment. After the 29th regiment had been a week in the command, 23 cases were under treatment in the regimental hospital.” Moreover, Sir Henry Storks laid before the Committee a passage in the report of Mr. Inglott, who, referring to the Lock Hospital at Malta, says that in the wards of the central hospital of the island “no less than 15 patients (seamen of a Russian man-of-war) are under treatment for syphilitic affections of various forms contracted in the town of Brest. These men, I am informed, have been on shore before their admission into the hospital.”\* The facts mentioned in these extracts, while proving that the “conditions” in question were not commanded, also prove that Sir Henry Storks did not succeed “in completely stamping out this disease;” but he himself has supplied additional evidence that he was very far from doing so, and that clandestine prostitution defied the authorities of Malta, as it does those of every other place whenever they attempt to subordinate it to compulsory supervision. When examined by the Committee of the House of Lords, Sir Henry Storks said (231),—“We had the means

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\* Report from the Select Committee of the House of Lords on the Contagious Diseases Acts, 230, 257.

of compelling women to go to hospital in Malta by law." He was then asked (232),—"When you say all women, how did you determine a prostitute?" and this was his reply:—"I was just about to say, that I am referring to the professional prostitutes;—the notorious prostitutes. *I believe there was considerable disease amongst women who were not liable to this inspection.*" And again, being asked (240),—"But people of a higher class it did not touch?" he answered,—"No. For instance, I have known very little or no venereal in the regiments amongst the men, *and I have known the officers have it through what was considered a superior class of women.*"

My readers will observe that Miss Garrett speaks of conditions rendering "it impossible fairly to apply the *statistical test*," of the mode in which the "*statistical result* would be affected without any real failure of the Act itself;" of places in which "*statistics of the results* of the Act are probably almost worthless as a test of the value of preventive legislation;" and of "*statistical results*" which "would have been all that could have been anticipated but for the constant influx of disease from the other stations." Now, all these phrases imply that the Contagious Diseases Acts work positive benefits, which, though discernible and appreciable by Miss Garrett and her co-advocates of those Acts, as well by the "officers in charge of the stations," are too subtle to be expressed in the gross forms of statistics. But, Sir, I confess that I can only see in these phrases an ingenious attempt to darken the understanding of your readers. The data appealed to by the promoters of those Acts, in proof of their necessity, consist of statistical statements of the vast number of admissions to hospital in consequence of venereal disease; the arguments that the soldiers of countries where prostitutes are under compulsory surveillance suffer less than English soldiers do from that disease, is put in a statistical form, as I shall presently show, by Miss Garrett herself, and no one would make use of the "*statistical test*" and of "*statistical results*" more eagerly than she would if only they would tell in her favour. But when they will not, she tries—not unskilfully, I must admit—to withdraw your readers' attention from them by suggesting—for she cannot name—advantages which have been produced by the Contagious Diseases Acts, but which figures cannot express. I refuse, however—and I hope your readers will refuse—to be deluded by such transparent jugglery as

this. The advantage derivable from the Contagious Diseases Acts, if derivable at all, is precisely one which is peculiarly capable of being stated in a statistical form. If English soldiers are infected with venereal disease, they are taken into hospital for treatment; and as every one so admitted is counted, nothing can be simpler or easier than to denote the annual increase or decrease in the number of soldiers suffering from that disease; and I maintain, therefore, that the "statistical test" is the only one on which reliance can or ought to be placed as a basis of judgment; and I cannot help thinking that, in trying to discredit it, Miss Garrett betrays her consciousness that the cause she has undertaken to defend is a very bad one.

Miss Garrett affirms that "the whole tenour of the Act is distinctly merciful and Christian;" and, having excited our compassion by describing the forlorn condition of the lowest class of prostitutes, she says,—“To a woman thus circumstanced the Act provides a hospital to which admission is given without delay, as soon as she needs it; \* \* \* she is treated with kindness; she is put into communication with those who make it their constant effort to help her back into a decent life.” She has the option of entering a reformatory or a refuge; if she wishes to return home to her relatives she is sent at the expense of the government, which also provides her with “a suitable escort,” as Miss Garrett calls him, viz. a policeman. The alleged advantages of the Act enumerated in this paragraph, in so far as they are real, form, I venture to assert, no essential and peculiar features of it. The essential element and distinctive characteristic of the Contagious Diseases Acts is the application of force to compel the women of a “protected” district to submit to a *regime* which they loathe and abhor, and from which they incessantly strive to escape; and I have yet to learn that the use of force in order to accomplish such an object is “distinctly merciful and Christian.” On the contrary, it is, I believe, diametrically opposed to the spirit of genuine Christianity, which works not by the crushing agency of physical force, but by the subtle influence of kindness. The officials engaged in applying the Contagious Diseases Acts supplement the compulsion which they employ with so much of the power of kindness as in some degree to hide its most repulsive features; and thus their deeds of charity and beneficence, and their manifestations of sympathy and interest

in the welfare of the women under their control, redeem, in the eyes of many earnest and well meaning persons, the essentially baneful character of these Acts, and cause them to be erroneously credited with beneficial results in ministering to the necessities of unfortunate women, as well as in raising and restoring those who are alleged to have been rescued from a life of shame. These results are precisely what voluntary efforts under the direction of enlightened public opinion, would most surely achieve, only in far greater measure, and unmixed with all those evil consequences which, as experience shows, have always been produced by the forcible control of prostitution in a manner similar to that which the Contagious Diseases Acts authorize.

Notwithstanding the assertion just noticed that the Act presents an attractive and beneficent aspect to the women to whom it is especially intended to be applied, Miss Garrett says in the very next paragraph, "It is probable that the Act has a distinctly and a powerfully deterrent influence upon girls, who might, but for its salutary check, allow themselves to sink into a life of sin." The Act may operate in this way in a few solitary cases, but a long experience of the effects of the system of surveillance in continental cities only too surely attests, with deplorable unanimity, that seduction and abandonment to temptation are far more frequent where that system prevails than where it does not.

## II.

Miss Garrett refers to the objection that legislation will not succeed in checking venereal disease, and confesses that this objection "cannot be completely removed by an appeal to the effects of the working of the Act of 1866." Still, she is not discouraged, and labours resolutely to defend its principle by appealing to the effects of the system of surveillance practised on the Continent. She says, "All competent authorities agree that it would be a great mistake to imagine that the evil is by any means so rife there as it is in this country." I presume Miss Garrett means "by all competent authorities" all whose statements support the views she advocates. But, as I care very little for authorities and a great deal for facts, my judgment in this matter has been formed by the aid of the latter, and to them alone I beg to refer your readers. It appears that there are at least 1,000 beds in the Paris hospitals con-

stantly occupied by patients affected with venereal disease. Now were the number of beds for patients of this kind in London to stand in the same proportion to the population as the 1,000 beds in Paris do to the population in that city, there would be nearly 2,000 beds in this metropolis occupied by venereal patients; but even those who insist most strongly on the greatness of extent of venereal diseases in England have never hinted that as many as 2,000 beds are needed in London for such cases. According to the estimate of the chief of the Paris Bureau de Mœurs, who is especially well qualified to judge, there are 30,000 prostitutes in the French capital, more than 26,000 of them not being registered, but "clandestine." Of these an average number of 1,550 are arrested every year; and of those arrested 25 per cent. are found to be suffering from the worst form of venereal disease. Moreover, as I learn from the last January number of the *Westminster Review*, to which I am indebted for the statement just made, the statistical evidence accumulated at the Bureau de Mœurs proves indubitably that the proportion of women practising clandestine prostitution and found to be diseased is steadily increasing. Now, these results of experience in Paris have a two-fold significance: they show, *first*, that the amount of venereal disease there is enormous; and, *second*, that, notwithstanding all the efforts of the well-appointed and powerful Paris police, they cannot succeed in getting even a seventh part of the prostitutes of Paris under sanitary control. In spite of the arrest of 1,550 women yearly, the number kept on the register, and, therefore, under medical inspection and medical treatment when necessary, is not increasing but lessening; the number of those who escape from exceeds the number of those who are placed and retained under control; and in the struggle between the women intent on evading registration and the police who strive to capture them, which is always going on, they are virtually forced to conceal themselves as completely as possible; and, therefore, of course, when they are diseased, they are tempted to continue suffering in secrecy rather than, by applying for medical relief, run the risk of being detected, arrested, and registered as public prostitutes. Hence it is that of those actually arrested 25 per cent. are found infected; hence it is that the Hôpital du Midi in Paris, containing 336 beds for male venereal patients, is constantly full; hence it is that for the whole of Paris at least

1,000 beds are constantly required; hence it is that, after the experiment of police and sanitary surveillance has been thoroughly tried, it is found to be so thoroughly wanting in all the elements of real success, that its failure is publicly confessed in Paris; and hence it is that, according to an eminent Paris surgeon, that system can only be rendered successful by providing a body of policemen sufficiently large to control 50,000 women, by compelling the whole of the Paris prostitutes (30,000 at least) to inhabit licensed houses where they may be under constant supervision, with medical examination at least twice a week, and where, in spite of the reclamations of their parents, even minors may be forcibly retained as common prostitutes after they have been arrested three times on the charge of practising prostitution. Such is the climax of enforced sanitary surveillance of prostitution now arrived at in Paris; and the *police médicale* of that city are being driven to the necessity of either abandoning the whole *régime* of enforced registration and inspection as a failure, or of reinforcing it by an army of policemen large enough to keep 50,000 women in licensed houses, with a staff of medical men correspondingly large to inspect them and keep them in health at the public expense, for public use. Within one of our own territories, viz., Bengal, where a Contagious Diseases Act has been some time in force, its failure as a means of lessening disease is attested in the "Fifth Annual Report of the Sanitary Commissioner with the Government of India, 1868." The number of admissions per 1,000 of the Bengal army into hospital on account of venereal disease during 1867 was 166, a number considerably below the average of former years. The Commissioner says, "The occurrence of only 166 cases per 1,000 in 1867, therefore, presented a remarkable improvement, and it was hoped that, with the development of lock-hospitals and increased care in carrying out the rules for the prevention of venereal disease, a further diminution would be effected during the year under review. This expectation, however, has not been realized. In 1868 the admission rate from venereal disease has been 199, or 33 per 1,000 in excess of the admissions from the same cause recorded in the year previous. . . . The facts perhaps come out more clearly when the actual figures are stated. In 1867, out of 33,784 soldiers, 5,764 were admitted from venereal, either in its primary or secondary form, whereas in 1868, out of a strength

of only 31,860, the admissions were no less than 6,282. And then follows the Commissioner's statement of the fact which invariably accompanies the compulsory registration and sanitary superintendence of prostitution. He says:—"It appears that in many stations the registration has been very incomplete, and the women who consort with Europeans, and from whom disease is contracted, have frequently escaped *surveillance*. The number of prostitutes borne on the rolls of the different cantonments bears no relation to the strength of the garrison; and the numbers actually registered represents but a small part of the evil to be met."

This statement, which has the advantage of being both intelligible and true, is widely different from the one volunteered by Miss Garrett, in order to explain a similar phenomenon at the English garrison towns where the Contagious Diseases Acts are enforced. In all these places the number of prostitutes has, it is said, greatly lessened. But in one case, at least, Miss Garrett has wonderfully exaggerated the extent of the diminution. She says,—“At Devonport, for instance, where in 1864 there were 2,000 women of this class, there are now but 770.” And she adds in a note,—“These numbers are quoted on the authority of the *Police Register*.” It is also due to her to say that the words she uses occur in the evidence of Mr. W. H. Slogett, visiting surgeon of the Devonport Lock Hospital, given before the Committee of the House of Commons, 24th June, 1869. And at the same time and place, this gentleman also said,—“Since October, 1866, when the Act first came into operation, I have made nearly 9,000 examinations in 1,775 individual women; that is, the same women being examined over and over again; there now remain in this district only 770.” But in a letter, dated 22nd February, 1870, and addressed to Mr. E. K. Stace, one of the committee of management of the Southampton Hospital, Mr. Fred. Wreford, the chief superintendent of police at Plymouth, says,—“There never were 1,775 prostitutes in these towns. I find from the government returns for this borough, that in 1861 there were 680, and in 1868, 452, the latter being a very careful return made by my directions. My opinion is there are not less at the present time. I have no doubt but that many have left here owing to the surveillance of the police, but very few have altered their mode of life.” It is no part of my duty to reconcile

these conflicting official statistics; I may remark, however, that the statement contained in the letter of the chief superintendent of police at Plymouth certainly has on the face of it an aspect of truth, which that contained in Miss Garrett's letter certainly has not. But, making full allowance for her exaggeration, I still recognize a large residue of truth in her assertion, that in each of the protected districts the total number of prostitutes has greatly diminished; for, of course, she means that the total number of prostitutes known by the police, and subject to their control, has diminished. Now this diminution, whatever it may be, is mainly ascribed by Miss Garrett and her co-supporters of the Contagious Diseases Acts to their beneficent influence in effecting the moral reclamation of the women, and a good deal of questionable evidence on which she relies was elicited by the packed parliamentary committees in order to prove that all, or very nearly all, these women whom the police have ceased to arrest, and whom the government surgeons have ceased to inspect, are now leading moral lives. As I have not the opportunity of cross-questioning the witnesses who gave that evidence, I cannot of course convict them out of their own mouths of its untrustworthiness; but I do beg to ask Miss Garrett how it is, if these women are now living moral lives, that the very witnesses just mentioned testify that an enormous amount of clandestine prostitution now exists side by side with that which is under Government control? I have no hesitation in saying that, as a matter of fact, nearly every one of these women has done what the great majority of prostitutes are thoroughly well known to do in Paris, Berlin, Brussels, Naples, and throughout Bengal, as well as in every other place where the system of compulsory surveillance is applied: they have simply withdrawn themselves from the observation and control of the police and from the hated, because enforced, medical inspection, in order to continue their career unrestrained by governmental regulations, and to enjoy their rightful personal liberty even at the cost when diseased of suffering in silence the ravages of the malady with which they are infected, rather than, by revealing themselves for the purpose of medical aid, facilitate their arrest and re-subjection to the system which they abhor. And thus it is that while the Contagious Diseases Acts keep the few women who are continually subject to them comparatively free from venereal disease, they actually cause that



disease to be spread far and wide, and at the same time to be so thoroughly secluded from observation and the possibility of suitable treatment that it is developed and propagated far more extensively and more rapidly, and in forms much graver and much more dangerous, than could be accomplished by any other practicable agency.

This conclusion is strikingly confirmed by a fact which, I am told, has recently been ascertained, viz., this: The Plymouth district subject to the Acts having just been extended, 250 girls found in the places to which the Acts have been newly applied were arrested and subjected to medical examination, and every one of them, it is said, were found to be diseased! The advocates of the Acts point to this fact as a proof of the urgent need of them: I affirm that nowhere except on the border of a region subject to them, or to a *regime* like to that which they enforce, could the whole of the 250 girls arrested on suspicion of being prostitutes be found diseased. And certainly such a phenomenon in England needs the Contagious Diseases Acts to produce it.

Of the numerous arguments adduced by Miss Garrett in favour of the Contagious Diseases Acts there is one which has, I fear, seemed to the majority of your readers absolutely conclusive and unanswerable. She says the truth of the opinion that disease is much less prevalent on the Continent, where legislative measures for the sanitary control of prostitution are resorted to, than it is in England "is confirmed by comparing the proportion of the household troops invalidated annually from this cause in London, Paris, and Brussels. The proportion is 1 in 4 in London, 1 in 33 at Paris, and 1 in 56 at Brussels." The argument advanced in the shape of these statistics, or others substantially the same, is the stronghold, not only of Miss Garrett, but of nearly all advocates of the principles of the Contagious Diseases Acts; it is triumphantly appealed to as unanswerable by the most influential of the non-medical weekly journals, the *Saturday Review*, which adopts it from Mr. Acton, "whose great continental experience renders him," Miss Garrett assures you, "the first English authority" on the subject. It must be admitted that this argument does look very strong indeed. Still, the cause which I advocate, the freedom of my sex from the possibility of personal violation at the suggestion of policemen, is so sacred that on behalf of this cause I shall

venture, although a woman, to attack even that strongly fortified citadel. And, in the first place, I will give Miss Garrett the benefit of a correction in the statement of her argument. She speaks of the number of troops "*invalided* annually:" the word "*invalided*," when used in the Report of the English Army Medical Department, means discharged from the service as unfit for duty. What she intended to say, or should have said, is "*admitted into hospital*." And now with respect to the argument itself. Miss Garrett's statements concerning the French and Belgian soldiers are so far from the truth that I am at a loss to conjecture what can have been the sources of her information. It seemed to me at first sight that perhaps in reference to the French army she had stated the ratio per 1,000 of admissions to what are called "*divisional hospitals*" only. But in those hospitals only the gravest forms of disease are treated. And in respect to venereal diseases only those cases which are constitutional or very severe are admitted, the slighter cases, including both forms of venereal disease and "*a large proportion of skin diseases, &c., being treated in the regimental infirmaries and in quarters (à la chambre)*." Until recently no record was published of the number of soldiers admitted into the regimental infirmaries or treated in quarter on account of the diseases in question: therefore the French statistical statements of the numbers of soldiers admitted to hospital for treatment of those diseases meant only the number of those admitted to the divisional hospitals, in which as I have said, only those cases which are constitutional or very severe are treated. It will be understood at once that this number must be comparatively small, and might possibly be represented by Miss Garrett's figures; but no, for, small as it is, even this number denotes the existence of a much larger amount of venereal disease in the French army than her statistical statement implies. According to her the proportion of French soldiers admitted annually is 1 in 33; but the actual proportion admitted into divisional hospital only, and on account of the constitutional forms of venereal disease only, is nearly double that number: in 1862 it was 53 per 1,000; and in 1865—the last year before the number of cases treated in barracks and in the regimental infirmaries was also given—it was 49·10 per 1,000. But of course any inference based on a comparison of these larger numbers with the number of

admissions of British soldiers is worse than worthless—it is positively and grossly misleading. “In the British army a soldier if unfit for duty by sickness of however trifling a description is taken into hospital for treatment;” therefore the total number of cases treated in quarters and in the regimental infirmaries must be added to the number treated in the divisional hospitals of the French army, before it is possible to make an approximatively fair comparison of the amount of venereal disease in the two armies. Until recently as I have said this was not possible; but the French statistical returns for 1866 now enable this to be done; and in that year the proportion of cases of venereal diseases recorded as treated was 113·5 per 1,000, or 11·3 per cent., which is nearly 4 in 33, instead of 1 in 33 as stated by Miss Garrett.

Miss Garrett’s statement that at Brussels only 1 soldier in 56 is affected with venereal disease is only a little more astonishing than are her French statistics just adverted to; but, happily, it can be very quickly disposed of. She gives no authority for it, and the valuable evidence adduced by the writer, whom she pronounces “the first English authority on such a point,” directly contradicts it. The following information concerning the amount of disease in the Belgian army is taken from the tables supplied in the second edition of Mr. Acton’s work; and he is indebted for them, he says, to the Earl of Clarendon, who, when Secretary of State for Foreign Affairs, obtained them through H.M.’s Minister at Brussels. During the ten years ending 1867 the average number of troops in Brussels was 3,340, and of these the average number affected each year was 361, or about 110 per 1,000. During 1868 the number of cases treated at the military hospitals of Brussels was 333, and these formed 9 per cent. of the whole Brussels garrison. So that during the ten years ending 1867 more than 1 in 10, and during 1868 a little less than 1 in 10, of all the soldiers at Brussels were affected. I may add that of all the soldiers in Belgium during 1868, 90 per 1,000 were thus disordered. So much for Miss Garrett’s statistics. But though about 1 in 10, instead of 1 in 56, are infected, the actual proportion is so much more favourable than is that existing in Paris and London, that it deserves a passing explanatory remark. The garrisons of Belgium are, as a rule, I believe, stationary. Now it is well known that the movement of troops is always accompanied by

a considerable increase of disease; and, as such movements seldom take place in Belgium, the developments of disease incidental to them are avoided. Again, a rigorous medical inspection of Belgian soldiers takes place every week, and this procedure cannot fail to contribute in a great degree to the early discovery of disease and to the prevention of its spread. By way of comment on the indirect effects of the Government control of prostitution in Belgium, I will add here a few words from Mr. Acton, a persistent advocate of the Contagious Diseases Acts:—"Truth," he says, "compels me to avow my opinion that however much the virulence of of venereal disease may be abated, and the health of the Brussels garrison been improved within twenty years, there is no marked improvement in the general tone of morals there." Indeed, as proved by indisputable evidence in the *Westminster Review*, No. 73, January 1870, marked deterioration, instead of marked improvement, has been steadily proceeding during that period.

In reference to the question adverted to by Miss Garrett,—  
"Are the provisions of the Contagious Diseases Acts inconsistent with the principle of freedom?"—I beg to say that I should agree with her in thinking it expedient so far to interfere with the liberty of individuals as might be necessary to enforce the provisions of those Acts, especially, as she says, in the interest of children and wives, who are unable to protect themselves from contagion, provided such legislation could accomplish the object in view, and provided it would not also, while accomplishing it, work an amount of evil more than counterbalancing all the good it might effect. But as I have shown that the Contagious Diseases Acts both fail to accomplish the object in view, and themselves work an immense amount of evil, it is needless to discuss the question,—  
"Are they inconsistent with the principles of personal freedom?"—a principle which certainly ought never to be in any degree compromised unless to secure benefits of the first magnitude, thoroughly ascertained to be such, and to be unattainable without such a sacrifice.

The objection that the Contagious Diseases Acts may endanger the liberty of women by placing them in the power of the police, Miss Garrett first treats with ridicule, and then condescends to reply to by saying—"It should be remembered that the Act is not enforced by common constables, but by

superintendents of police, . . . . and that they have no power over any but notorious sinners." As cases in which respectable women have been arrested as prostitutes have already occurred both on the Continent and in England, the apprehension of repetitions of the blunder seems to me to deserve much more respectful consideration than it receives from Miss Garrett; and I beg to ask her on what authority she asserts that the Act is enforced, not by common constables but by superintendents of police. From a Parliamentary return showing the number of police employed in carrying out the provisions of the Contagious Diseases Acts, I find that out of 27 policemen employed, 8 were inspectors, 3 were sergeants, and 16 were *constables*.

Miss Garrett defends what she calls the "apparent injustice" of the Acts in being applied to women only. I certainly do not envy her the conscious power with which throughout her letter she has defended a bad cause, and especially with which she has striven to justify what in the opinion of the great majority of her sex is a thoroughly unjustifiable and outrageous violation of women for the sake of the health of men who are subjected to no kind of personal inspection. If, voluntarily or compulsorily, they were submitted to a systematic and rigorous medical examination—as the Belgian soldiers are, and if, after this practice had been long and thoroughly tried, venereal diseases were found to be almost as prevalent as before, then the application of a Contagious Diseases Act to women, though sure to prove a failure, might at least have been borne for a time without immediately producing in every right-minded woman that great and irrepressible indignation provoked by the humiliating provisions of the present Contagious Diseases Acts, the very existence of which is at once a stinging proof of the still protracted social and political subjection of my sex and a galling insult that cannot fail to rankle in our hearts so long as those Acts remain on the statute book.

The assertion that enforced medical examinations of prostitutes demoralizes them still further, Miss Garrett boldly says "is one which in the complete absence of confirmatory evidence, it is extremely difficult to believe;" and she then suggests that these examinations may cause the women of this class to "realize the shame of their position more keenly," and that it would be well if this "sense of shame became so

great as to render continuance in the life intolerable." Now if in respect to the compulsory surveillance of prostitutes any one fact has been more fully established than another, it is that nothing renders them more degraded and more devoid of self-respect and more utterly reckless of themselves and of what becomes of them than being forced to submit to periodical medical inspections. They feel that they are treated like cattle, herded together to wait their turn to be examined, not for their own sakes, but for the sake of those men who resort to them, and for whose physical security their personal freedom, their sense of shame, and the modesty which may still remain to them are ruthlessly sacrificed. It might easily be imagined beforehand that enforced submission to such a repulsive ordeal cannot fail to harden, deprave, and make thoroughly desperate, and consequently almost wholly irrecoverable, even those natures which at the outset were essentially good and noble; and that it really does so experience proves with a decisiveness which only those who will not see have the boldness to question. But being so unspeakably hateful, as it is, that ordeal does render continuous submission to it intolerable to the great majority of women who are made to pass through it, and, consequently, as we have already pointed out, they happily escape from it into the ranks of clandestine prostitution before their moral natures are so thoroughly debased as to be no longer capable of response to those humanizing influences of compassionate sympathy and disinterested help which are alone capable of promoting their genuine recovery.

In her eagerness to strengthen at all points her elaborate defence of the Contagious Diseases Act, Miss Garrett has the hardihood to affirm that that Act notably differs from the Paris system "in being only prohibitory in character, and in giving no sort of sanction to the women with whom it deals." She repeats, "the Act is with regard to prostitution entirely and simply prohibitory in spirit," and adds, "Nothing in the Act itself, or in the way in which it has been enforced, justifies the accusation that it is intended for the security of vicious men. No certificate of any kind or at any time is given to the woman; the Act has for its sole object to prevent her from carrying on her trade when in a condition to seriously injure the community in doing so." This remarkable statement would surprise me exceedingly were it not that other

defenders of the Acts have already advanced it over and over again. Is Miss Garrett prepared to say that there are no "vicious men" in the army? I cannot believe that she is. Certainly no one having any personal knowledge of the army would say so. Indeed, a careful and experienced observer stated at a public meeting only a short time ago what is quite notorious, viz., that English troops comprise a large proportion of men whose moral characters are extremely questionable, and often, indeed, decidedly "vicious." But whether this be the case or not, it is quite certain that the avowed intent of the Act is "the security" of our soldiers while they indulge in fornication, and that the main apology for it is the alleged necessity of keeping them freer than formerly from venereal disease, which impairs their efficiency to a very serious extent. Miss Garrett herself says the sole object of the Act is to prevent prostitutes from carrying on their trade when, being diseased, they might "seriously injure the community." Through whom, in respect to venereal disease, is "serious injury to the community" mainly conveyed? Surely it is through the men who consort with prostitutes; and I beg to ask Miss Garrett whether in the sense in which she has used the word "vicious," those men are or are not "vicious"? And, if they are, I beg also to ask her whether really and truly she can still deny that the Act is intended for the security of "vicious men"? The truth is that the Act was designed for the express purpose of affording that security and for nothing else. The allegation that it does afford it is its sole justification, and, if it does not, it is defensible in no respect whatever. When Miss Garrett asserts that with regard to prostitution the Act is "entirely and simply prohibitory," she is simply throwing dust in the eyes of her readers. In one sense it is certainly prohibitory, but in another it is not less certainly permissive: while it prohibits diseased prostitutes from allowing men to consort with them, it permits healthy prostitutes, or those supposed to be healthy, to do so; and, more than this, it makes diseased prostitutes healthy for the use of men, whether accounted "vicious" or not, at the public expense. When, by its Acts, Parliament forbids women to prostitutes themselves while diseased, and permits them to do so while healthy, and when it has created a powerful organization in order to keep them so; it is, as it seems

to me, a complete waste of words to discuss the question whether, by means of the Contagious Diseases Acts, Parliament does or does not license as well as recognize prostitution.

Miss Garrett has informed you that "no certificate of any kind, or at any time, is given to the women," and she and other pleaders for the extension of the Acts virtually exclaim, "We are not as Continental rulers of prostitution are; we do not give to each prostitute a certificate of health which she can use as an assurance of security, and as a licence to carry on her trade unmolested; we give no legal sanction to sin; our regulations are simple prohibitory." Throughout the "protected" districts in the United Kingdom no prostitute who has been in the hospital for treatment can leave it until the hospital surgeon has given a certificate that she is free from disease; and no prostitute in respect to whom such a certificate has not been given can continue to practice her profession. But the surgeon is compelled to give a certificate of health in respect to every woman whom after medical inspection he believes to be free from disease; and when such certificate has been given, the woman is free to pursue her career of prostitution. The sole difference between the practice on the Continent and that in England in respect to certificates is that on the Continent the prostitute keeps her certificate herself, whereas in England it is kept for her by the superintendent of police, who, so long as it bears the needful attestation that she is healthy, practically recognizes her right to pursue her career in perfect freedom. Only when diseased is she imprisoned in hospital in order to be again fitted to resume her profession without danger to those who resort to her. Now, Sir, with a genuine disposition to look at this question from Miss Garrett's point of view, I confess myself unable to discern any difference of moral complexion between the Continental and the English system of licensing prostitutes to act as such; and I cannot but think that in resorting to the kind of arguments above exposed the advocates of the Contagious Diseases Acts have paltered so much with the truth as to have sacrificed a great deal of dignity and not a little honesty during the process. The fact is their temptation is great, and therefore, perhaps, our forbearance should be great also. They know—none know better—that were the people of this country asked in express terms to sanction a law by which prostitutes who are to be



disinfected and kept free from disease at the public expense shall each receive a certificate that they may be resorted to with safety, the answer would be at once an indignant refusal, and an irresistible appeal to Parliament to repeal the present Acts. Ashamed to avow the real object of those Acts, they veil it by saying "it is entirely and simply prohibitory."

And fortunate it is for this country that its healthy moral feeling, its religious beliefs, and its most enlightened convictions as to what can alone constitute the true basis of the sexual relation are sure to co-operate in refusing that legal recognition of prostitution as an indispensable national institution which is implied in the existence of the Contagious Diseases Acts. Such a recognition would be the strongest possible, because a thoroughly practical, denial of Christianity; it would be national despair of moral and social progress expressed in an Act of Parliament; it would pronounce the inevitable and continuous degradation—generation after generation—of a large proportion of my sex; it would suffuse the dawning mind of the youth of England with the accursed doctrine that fornication is necessary for the preservation of their health; it would virtually sanction, as well as facilitate, the most unrestrained indulgence of the passions, divorced from the hallowing influence of affection; and, finally, while really increasing instead of decreasing those physical diseases which are developed and diffused by promiscuous and unbridled indulgence, it would at once stifle all aspirations after a higher state of social existence, and would contaminate, corrupt, and deaden the moral life of the whole community.

JUSTINA.

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